



SACRED HEART PARISH IN SWEDESBURG, PENNSYLVANIA

## SUMMER BIBLE CAMP – *God's Loving and Life-Giving Law*

JUNE 27, 2022 to July 1, 2022 from 9:30 AM TO 2:00 PM

Grades: Kindergarten through 8th grade

### REGISTRATION

(Please mail or bring to the Parish Office or leave in the collection basket)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Contact/Emergency Person) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#### Child(-ren) Information:

First Name	Last Name	Birth Date	Grade 22/23	Parish	Medical Issues

Participation's Fee: \$5 each child

Lunch, snacks, supplies provided.

Paid: Cash Amount \_\_\_\_\_ Check Amount \_\_\_\_\_ Number \_\_\_\_\_

The Guidelines and Policies applied as required for Sacred Heart Faith Formation Program (accessible on Parish website) appropriate to Summer Bible School. Covid-19 State and Diocese of Philadelphia requirements in place. I have read and also made my children aware of these Policies and we agree to abide by the same.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**SACRED HEART PARISH**

**SUMMER PREP & SUMMER CAMP**

**WAIVER AND AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR A MINOR CHILD**

I, \_\_\_\_\_, state that I am the natural parent and/or have legal Custody, of the following child (ren) \_\_\_\_\_ registered for Vacation Bible Camp and that the information provided is correct to the best of my knowledge and each child has my permission to engage in all activities, except if noted by me.

Please provide all medical information or conditions, along with current medication(s) our staff should be aware of, including Allergies or Health Issues. All medication must be given to the Camp Director and clearly labeled with the doctor's instructions.

In the event I cannot be reached in an emergency, I authorize the camp director or nurse to consent to any examination, anesthetic, x-ray, medical or surgical diagnosis and/or treatment, and/or hospital care to be rendered to this minor under the general conditions of special supervision and on the advice of any physician or surgeon licensed to practice medicine.

Health Insurance Company: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_\_  
Signature of Parent/Legal Guardian Date

**PHOTO RELEASE**

I hereby **Ø GRANT Ø DO NOT GRANT** permission for Sacred Heart Parish, to use pictures of my child (ren) in printed materials or on-line communications, including the parish website or parish social-networking sites, for informational or promotional purposes.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  
Signature of Parent/Guardian Date

**(PLEASE REVIEW THE ABOVE INFORMATION TO ENSURE ALL QUESTIONS ARE ANSWERED)**